



# STUDENT EMPLOYMENT TERMINATION NOTICE

Student Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

This student is no longer employed for the following reasons:

- \_\_\_\_\_ Graduated
- \_\_\_\_\_ Obtained a different job
- \_\_\_\_\_ Transferring departments
- \_\_\_\_\_ Did not report for work/absences
- \_\_\_\_\_ Scheduling conflict
- \_\_\_\_\_ Moved
- \_\_\_\_\_ Not enrolled for semester
- \_\_\_\_\_ Other (Please explain below)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

His/Her Final Time Sheet will be submitted to Payroll as follows:

Final Date Worked: \_\_\_\_\_

Pay Period: \_\_\_\_\_

Dollars Earned: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Department: \_\_\_\_\_

Cost Center Number: \_\_\_\_\_